

Bureau of Health Care Quality & Compliance

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS255AGZ | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/13/2008 |
| NAME OF PROVIDER OR SUPPLIER LACY LANE RETIREMENT HOME | | STREET ADDRESS, CITY, STATE, ZIP CODE 313 LACY LANE LAS VEGAS, NV 89107 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| Y 000 | <p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey and complaint investigation conducted in your facility on 8/13/08.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 10 total beds.</p> <p>The facility had the following category of classified beds: Category 2.</p> <p>The facility had the following endorsements: Residential facility which provides care to persons with Alzheimer's disease</p> <p>The census at the time of the survey was 4.</p> <p>Four resident files were reviewed and 3 closed resident files were reviewed</p> <p>Two employee files were reviewed.</p> <p>There were 4 complaints investigated during the survey:</p> <p>CPT #NV00013702 Unsubstantiated CPT #NV00014783 Substantiated (Tag Y930, Y830, Y050) CPT #NV00014077 Substantiated (Tag Y930, Y050) CPT #NV00014145 Substantiated (Tag Y930, Y830, Y050)</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as</p> | Y 000 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| Y 000 | Continued From page 1 prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified: | Y 000 | | |
| Y 050 SS=F | 449.194(1) Administrator's Responsibilities-Oversight NAC 449.194 The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS. This Regulation is not met as evidenced by: Based on observation, interview and record review the administrator failed to provide oversight and direction for staff as necessary to ensure the facility was in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS. Findings include: The Administrator failed to provide oversight and | Y 050 | | |

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| Y 050 | Continued From page 2 compliance as stated in the deficient tags: Y - 0067; Y - 0070; Y0072; Y0101; Y0103; Y0104; Y0105; Y0450; Y0830; Y0870; Y0876; Y0936; Y0993. Severity: 2 Scope: 3 CPT #14783 CPT #14077 CPT #14145 | Y 050 | | | |
| Y 067 SS=C | 449.196(1)(c) Qualifications of Caregiver- Read regulation NAC 449.196 1. A caregiver of a residential facility must: (c) Understand the provisions of NAC 449.156 to 449.2766, inclusive, and sign a statement that he has read those provisions. This Regulation is not met as evidenced by: Based on personnel record review the facility failed to ensure 2 of 2 employees signed a statement that they read and understood the provisions of NAC 449.156 to 449.2766 (Employee #1, #2). Findings include: Personnel files for Employees' #1 and #2 failed to contain a signed statement indicating the employees read and understood the regulations for Residential Facilities for Groups. | Y 067 | | | |

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| Y 067 | Continued From page 3 Severity: 1 Scope: 3 | Y 067 | | |
| Y 070 SS=F | 449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure the employees recieved 8 hours of training related to providing for the needs of the residents for 1 of 2 employees (#2). Findings include: Employee #2's (hire date unknown) file did not contain documented evidence of eight hours of Initial Caregiver training. Severity: 2 Scope: 3 Repeat deficiency - Survey 4/19/07 | Y 070 | | |
| Y 072 SS=F | 449.196(3) Qualications of Caregiver-Med re-training NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: | Y 072 | | |

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| Y 072 | Continued From page 4 (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with satisfactory evidence of the content of the training and his attendance at the training; and (b) At least every 3 years, pass an examination relating to the management of medication approved by the Bureau. This Regulation is not met as evidenced by: Based on record review the facility failed to ensure 1 of 2 Employees received the required medication management training (Employee #2). Findings include: Employee #2's (hire date unknown) file contained no documented evidence of medication management training. Severity: 2 Scope: 3 | Y 072 | | |
| Y 088 SS=C | 4493199(4) Staffing Schedule NAC 449.199 4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires. | Y 088 | | |

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| Y 088 | Continued From page 5 This Regulation is not met as evidenced by: Based on observation and interview, the administrator failed to maintain a written monthly schedule that included the staff assigned for each shift. There was no evidence the schedule was retained for at least 6 months. Findings include: The staff schedule was not observed to be posted on the facility bulletin board. The caregiver confirmed there were no schedules available. Severity: 1 Scope: 3 | Y 088 | | |
| Y 101 SS=C | 449.200(1)(b) Personnel File - date of hire NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (b) The date on which the employee began his employment at the residential facility. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure the date the employee began his employment at the facility was documented in the employee personnel file for 2 of 2 employees (Employee #1, #2). Findings include: | Y 101 | | |

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| Y 101 | Continued From page 6 Employee #1 There was no documented evidence of a hire date in Employee #1's file. The Employee reported he began employment at the facility mid to late June 2008. Employee #2 There was no documented evidence of a hire date in Employee #2's file. Severity: 1 Scope: 3 Repeat Deficiency - Survey 4/19/07 | Y 101 | | |
| Y 103 SS=F | 449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment. 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the | Y 103 | | |

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| Y 103 | <p>Continued From page 7</p> <p>Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and</p> | Y 103 | | |

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| Y 103 | <p>Continued From page 8</p> <p>documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Based on record review, the facility failed to ensure 2 of 2 employees received the required tuberculosis (TB) skin testing.</p> <p>Findings include:</p> <p>Employee #1 - Date of hire June 2008.</p> | Y 103 | | |

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| Y 103 | Continued From page 9 The file contained no documented evidence of the required TB screening. There was no documented evidence of a physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage. Employee #2 - Date of hire unknown The file contained no documented evidence of the required TB screening. There was no documented evidence of a physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage. Severity: 2 Scope: 3 Repeat Deficiency - Survey 4/19/07 | Y 103 | | |
| Y 104 SS=F | 449.200(1)(e) Personnel File - References NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (e) Evidence that the references supplied by the employee were checked by the residential facility. This Regulation is not met as evidenced by: | Y 104 | | |

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| Y 104 | Continued From page 10 Based on record review the facility failed to ensure references were supplied by the employee and were checked by the facility for 2 of 2 Employees (#1, #2). Findings include: Employee #1 There was no documentation the employee provided references and no documentation the facility completed reference checks. Employee #2 There was no documentation the employee provided references and no documentation the facility completed reference checks. Severity: 2 Scope: 3 | Y 104 | | |
| Y 105 SS=F | 449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure 2 of 2 employees met the background check requirements for criminal history (#1, #2). Findings include: | Y 105 | | |

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| Y 105 | Continued From page 11 Employee #1 - Date of Hire: mid to late June 2008 There was no documented evidence the Employee: - completed his fingerprints within 10 days of hire - no copies of the fingerprints in the file - signed a statement he had not been convicted of crimes listed in NRS449.188 - no evidence the fingerprints were sent to the Nevada Repository - no results from the repository Employee #2 - Date of Hire: Unknown There was no documented evidence the Employee: - completed his fingerprints within 10 days of hire - no copies of the fingerprints in the file - signed a statement he had not been convicted of crimes listed in NRS449.188 - no evidence the fingerprints were sent to the Nevada Repository - no results from the repository Severity: 2 Scope: 3 Repeat Deficiency - Survey 4/19/07 | Y 105 | | |
| Y 178 SS=F | 449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. | Y 178 | | |

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| Y 178 | Continued From page 12 This Regulation is not met as evidenced by: Based on observation the facility failed to ensure the interior and exterior of the facility was well maintained. Findings include: The bathroom identified as the "handicap bathroom" had wallpaper peeling off. The window in the "handicap bathroom" did not open and there was no exhaust fan. The Jacuzzi contained old standing water and several pieces of broke-up wood and other materials. The french door going from the dining area to the outside contained a broken/taped glass panel. A gate-type opening in the block wall near the Jacuzzi had a piece of plywood standing in the opening. The plywood was easily movable with a slight push. Severity: 2 Scope: 3 | Y 178 | | |
| Y 450 SS=F | 449.231(1) First Aid and CPR NAC 449.231 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation | Y 450 | | |

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| Y 450 | Continued From page 13 issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure 2 of 2 employees had evidence of current training in first aid and cardiopulmonary resuscitation (CPR) (#1, #2). Findings include: Review of Employee #1's personnel file (date of hire June 2008) provided no documented evidence of current First Aid and CPR. Interview of Caregiver #1 confirmed he did not have a current First Aid nor CPR card. Review of Employee #2's personnell file (date of hire unknown) provided no documented evidence of a current First Aid and CPR card . Severity: 2 Scope: 3 Repeat Deficiency - Survey 4/19/07 | Y 450 | | | |
| Y 830 SS=F | WAIVERS 1. The administrator of a residential facility may submit to the Division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734 , inclusive. | Y 830 | | | |

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| Y 830 | <p>Continued From page 14</p> <p>This Regulation is not met as evidenced by: Based on interview and record review the administrator failed to submit the required paperwork requesting a waiver to care for a person receiving Hospice care for 3 of 4 residents (#2, #3, #4) and 1 of 3 closed residents (#7).</p> <p>Findings include:</p> <p>Resident #2 - Admission 4/2/2000</p> <p>The resident's file provided evidence the resident was receiving hospice care at the facility. There was no documented evidence the Administrator applied for a Hospice Waiver for this resident. BLC (Bureau of Licensure and Certification) did not receive a hospice waiver packet for the resident.</p> <p>Resident #3 - Admission 11/23/07</p> <p>The resident's file provided evidence the resident was receiving hospice care at the facility. There was no documented evidence the Administrator applied for a Hospice Waiver for this resident. BLC did not receive a hospice waiver packet for the resident.</p> | Y 830 | | | |

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| Y 830 | Continued From page 15 Resident #4 - Admission 7/17/08 The resident's file provided evidence the resident was receiving hospice care at the facility. There was no documented evidence the Administrator applied for a Hospice Waiver for this resident. BLC did not receive a hospice waiver packet for the resident. Resident #7 - 3/29/06 The Resident's file contained evidence the resident was receiving hospice care at the facility. There was no documented evidence the Administrator applied for a Hospice Waiver for this resident. BLC did not receive a hospice waiver packet for the resident. Interview The caregiver confirmed the 3 residents were receiving Hospice Care and provided their Hospice Care charts. Severity: 2 Scope: 3 CPT #NV14145 CPT #NV14783 | Y 830 | | | |
| Y 870 SS=F | 449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial | Y 870 | | | |

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| Y 870 | Continued From page 16 interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure the resident's medications were reviewed by a physician, pharmacist or registered nurse at least once every 6 months for 3 of 4 Residents (#1, #2, #3). Findings include: Resident #1 was admitted to the facility 7/14/07. There were no medication reviews available in the file. Resident #2 was admitted to the facility 4/2/2000. The file contained medication reviews dated: 10/31/03; 5/7/04; and 4/26/07. Resident #3 was admitted to the facility 11/23/07. There were no medication reviews available in the file. Severity: 2 Scope: 3 | Y 870 | | |
| Y 876 SS=F | 449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the | Y 876 | | |

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| Y 876 | Continued From page 17 administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure an ultimate user agreement was signed for 3 of 4 residents (#1, #2, #4). Findings include: There was no documented evidence in Resident #1, #2, and #4's file of a signed ultimate user agreement that authorized the facility to administer medications to the resident. Severity: 2 Scope: 3 | Y 876 | | |
| Y 930 SS=F | 449.2749(1)(a) Resident File NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (a) The full name, address, date of birth and social security number of the resident. This Regulation is not met as evidenced by: | Y 930 | | |

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| Y 930 | <p>Continued From page 18</p> <p>Based on observation, record review and interview, the facility failed to retain resident files for at least 5 years after permanently leaving the facility. The facility also failed to maintain the files in a locked, fire resistant place is protected against unauthorized use for 4 of 4 open files (#1, #2, #3, #4) and for 3 of 3 closed records (#5, #6, #7).</p> <p>Findings include:</p> <p>The resident files (#1, #2, #3, #4) were observed to be sitting on a cabinet, not in a locked, fire resistant cabinet.</p> <p>The closed records, were kept in the "first aid" closet, not fire resistant.</p> <p>The Caregiver indicated he was not aware the records needed to be maintained for 5 years nor kept in a locked, fire resistant area.</p> <p>There was no chart available for closed record Resident #5 (admission date 1/3/07).</p> <p>The Hospice records were the only records found for closed record Residents #6 and #7.</p> <p>Severity: 2 Scope: 3</p> <p>CPT #NV14783 CPT #NV14077 CPT #NV14145</p> | Y 930 | | |
| Y 936 SS=F | <p>449.2749(1)(e) Resident file</p> <p>NAC 449.2749</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the</p> | Y 936 | | |

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| Y 936 | <p>Continued From page 19</p> <p>facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: NAC 441A.380 Admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care: Testing; respiratory isolation; medical treatment; counseling and preventive treatment; documentation. (NRS 441A.120)</p> <p>1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility.</p> <p>2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care shall:</p> <p>(a) Before admitting a person to the facility or home, determine if the person:</p> <p>(1) Has had a cough for more than 3 weeks;</p> <p>(2) Has a cough which is productive;</p> <p>(3) Has blood in his sputum;</p> <p>(4) Has a fever which is not associated with a cold, flu or other apparent illness;</p> <p>(5) Is experiencing night sweats;</p> <p>(6) Is experiencing unexplained weight loss; or</p> <p>(7) Has been in close contact with a person who has active tuberculosis.</p> | Y 936 | | |

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| Y 936 | <p>Continued From page 20</p> <p>(b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner.</p> <p>(c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis.</p> <p>4. If the staff of the facility or home determines</p> | Y 936 | | | |

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| Y 936 | <p>Continued From page 21</p> <p>that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis.</p> <p>5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFIB smears which were collected on separate days.</p> <p>6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The</p> | Y 936 | | | |

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| Y 936 | <p>Continued From page 22</p> <p>recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person ' s medical record.</p> <p>(Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006)</p> <p>Based on record review, the facility failed to ensure 2 of 4 residents received the required tuberculosis (TB) screenings (#1, #4).</p> <p>Findings include:</p> <p>Resident #1 - Date of admission 7/14/07.</p> <p>The resident's file contained documentation the resident completed the required initial TB screening on 8/3/07. The file did not contain documented evidence the resident received an annual one-step TB screening (due 8/3/08).</p> <p>Resident #4 - Date of admission 7/17/08.</p> <p>The resident's file contained no documented evidence the resident completed the required initial TB screening.</p> <p>Severity: 2 Scope: 3</p> <p>Repeat Deficiency - Survey 4/19/07</p> | Y 936 | | | |

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| Y 993 SS=F | <p>449.2756(1)(d) Alzheimer's training</p> <p>NAC 449.2756</p> <p>1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:</p> <p>(d) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes the training and continuing education required pursuant to NAC 449.2768.</p> <p>This Regulation is not met as evidenced by: Based on record review the facility failed to ensure the employees completed, within 3 months of hire, the required minimum 8 hours of Alzheimer's specific training for 1 of 2 employees (#2).</p> <p>Findings include:</p> <p>Employee #2</p> <p>There was no documented evidence in the employee's file that she received the required 8 hours of training specific to the care of persons with Alzheimer's disease.</p> <p>Severity: 2 Scope: 3</p> | Y 993 | | | |
| YA980 SS=F | <p>449.2756(1)(a-g) Alzheimers</p> <p>NAC 449.2756</p> <p>1. The administrator of a residential facility</p> | YA980 | | | |

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| YA980 | <p>Continued From page 24</p> <p>which provides care to persons with Alzheimer's disease shall ensure that:</p> <p>(a) Swimming pools and other bodies of water are fenced or protected by other acceptable means.</p> <p>(b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility.</p> <p>(c) At least one member of the staff is awake and on duty at the facility at all times.</p> <p>(d) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes the training and continuing education required pursuant to NAC 449.2768.</p> <p>(e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents.</p> <p>(f) The facility has an area outside the facility or a yard adjacent to the facility that:</p> <p>(1) May be used by the residents for outdoor activities;</p> <p>(2) Has at least 40 square feet of space for each resident in the facility;</p> <p>(3) Is fenced; and</p> <p>(4) Is maintained in a manner that does not jeopardize the safety of the residents.</p> <p>• All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times.</p> <p>(g) All toxic substances are not accessible to the residents of the facility.</p> | YA980 | | | |

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| NAME OF PROVIDER OR SUPPLIER LACY LANE RETIREMENT HOME | | STREET ADDRESS, CITY, STATE, ZIP CODE 313 LACY LANE LAS VEGAS, NV 89107 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| YA980 | <p>Continued From page 25</p> <p>This Regulation is not met as evidenced by: Based on observation and interview the facility failed to ensure operational alarms, buzzers, horns or other audible devices activated when a door was opened .</p> <p>Findings Include:</p> <p>An alarm did not sound when opening the door in the kitchen which lead to the outside.</p> <p>An alarm did not sound when opening the door in the dinning room which lead to the outside.</p> <p>An alarm did not sound when opening the door of the large room in the South East corner of the home (off the "handicap bathroom") which lead to the outside.</p> <p>Severity: 2 Scope: 3</p> | YA980 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.